

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Em		07-06-01
O.I.P.E. CLASSIFIER		43	7/16/01
FORMALITY REVIEW	L.I.	1106	8/20/01
RESPONSE FORMALITY REVIEW	4-5	866	03-19-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	2011/1/1
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
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35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	2011/1/1
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
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100	✓

Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

747  
 03/17/02